

Application Data Sheet

Application Information

Application number::
Filing Date:: 07/30/01
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit:: 1644
CD-ROM or CD-R??::
Number of CD disks::
Number of copies of CDs::
Sequence Submission:: YES
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: IMMUNOTOXINS DIRECTED AGAINST
MALIGNANT CELLS
Attorney Docket Number:: 015280-325200US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 9
Small Entity?:: No
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One::
Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Susanna
Middle Name:: M.
Family Name:: Rybak
Name Suffix::
City of Residence:: Frederick
State or Province of Residence:: MD
Country of Residence::
Street of Mailing Address:: 7411B Round Hill Road

City of Mailing Address:: Frederick
State or Province of mailing address:: MD
Country of mailing address::
Postal or Zip Code of mailing address:: 20855

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Dianne
Middle Name:: L.
Family Name:: Newton
Name Suffix::
City of Residence:: Rockville
State or Province of Residence:: MD
Country of Residence::
Street of Mailing Address:: 15904 New Bedford Drive
City of Mailing Address:: Rockville
State or Province of mailing address:: MD
Country of mailing address::
Postal or Zip Code of mailing address:: 20855

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name:: M.
Family Name:: Goldenberg
Name Suffix::
City of Residence:: Mendham
State or Province of Residence:: NJ
Country of Residence::
Street of Mailing Address:: 330 Pleasant Valley Road
City of Mailing Address:: Mendham
State or Province of mailing address:: NJ
Country of mailing address::
Postal or Zip Code of mailing address:: 07945

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Designation::	Representative Number::	Representative Name::
Primary	30,617	Guy W. Chambers
Associate	44,879	Jean M. Lockyer
Associate		

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Divisional of	09/071,672	05/01/98
Which is a	Non-provisional of	60/046,895	05/02/97

Foreign Priority Information

Country::	Application number::	Filing Date::
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Assignee Information

Assignee Name::

THE GOVERNMENT OF THE UNITED STATES
OF AMERICA AS REPRESENTED BY THE
SECRETARY OF THE DEPARTMENT OF
HEALTH AND HUMAN SERVICES
and
IMMUNOMEDICS, INC.

Street of mailing address::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::